

**Scoil Mhuire gan Smal
Lixnaw**

**Uimhir Rolla: 18084I
Enrolment Form**

Please complete in BLOCK CAPITALS	CLASS:
Pupil's Name:	Name in Irish: (Optional)
Date of Birth:	Male/Female
P.P.S. Number:	Country of Birth:
Address:	Nationality:
	If born outside the country, year of arrival in Ireland:
Eircode:	Languages spoken in the home:
Parent/Guardian Details	Parent/Guardian Details
First Name:	First Name:
Last Name:	Last Name:
Relationship to child:	Relationship to child:
Phone No (Home):	Phone No (Home):
Phone No (Work):	Phone No (Work):
Phone No (Mobile):	Phone No (Mobile):
email Address:	email Address:
Names of brothers/sisters in this school:	
<p>It is school policy to pass on the above information excepting Religion and Ethnicity to the Department of Education and Skills.</p>	

Please tick	Yes	No
Are there any orders or other arrangements in place governing access to or custody of your child?		

The school may share Personal Pupil Data with other organisations such as HSE, Tusla, An Garda Síochána, etc where there is a legal basis for doing so under GDPR.

Name of Previous School/Pre-school:

Address:

Principal's Name:

Phone No:

Additional local contact names, to be contacted in emergencies [Not the same as above]

Name:

Phone No:

Relationship to child:

Name:

Phone No:

Relationship to child:

Name:

Phone No:

Relationship to child:

Please tick	Yes	No
Have you attached a Birth Certificate for your child?		

SCHOOL USE ONLY

If the language spoken at home is **NOT** English, an Appointment with our E.A.L. (English as Another Language) teacher is required.

Date of Appointment: _____ Time: _____

Teacher: _____

Child's Name:

	YES	NO
Did your child attend the Early Intervention services? If so, please attach reports		
Has your child ever had a psychological assessment?		
Has your child ever received a speech and language report? If so, please attach report		
Does your child have any health related problems? (allergies, epilepsy, diabetes, asthma, fainting, etc?) If yes please give details		
Does your child have any difficulties with hearing?		
Does your child have any difficulties with speech?		
Does your child have any difficulties with vision?		
Does your child have any issues socially or behaviourally that the school should know about?		
Any further information from the questions above or anything else we should know please write below:		
Do you give permission for your child to use the School Internet in accordance with the school Internet Policy?		
Do you give permission for your child to go on school trips under teacher supervision?		
Do you give permission for your child to be photographed for school projects, local newspapers & school related activities?		
Do you give permission for your child's photograph and or work to be used on the schools website?		
Do you give permission for your child to attend Learning Support if the need arises?		
Annually the school is asked to provide information to the HSE to facilitate their work, immunisations, sight and hearing tests and dental appointments etc. and to the Parish Office for preparation for the Sacraments.		
Do you give permission for your child's details to be made available?		
Do you give permission for your child to be treated for minor accidents (e.g. cuts, grazes)?		

1. I acknowledge that I have read and accepted the Code of Behaviour of Scoil Mhuire gan Smál, Lixnaw. Having discussed and explained same with my child I agree to abide by it. This policy is available on our school website under administrative policies.

2. I have read the Enrolment Booklet that came along with form; I understand and agree to adhere to it. Copy of this is available on our website under the enrolment tab, a signed copy must be returned to the school.

3. I understand that RSE and the Stay Safe Programme will be taught to my child and that anatomically correct wording are used at class appropriate level as laid down by the Department of Education.

I wish to enrol my Child _____

I declare the above information to be correct and understand that it will be treated as confidential.

Signed: _____

Date: _____